

# DISCLOSURE DIVISION

TB  
G

- ☒ WAIVER REQUEST  
☐ ANSWER  
☐ RECONSIDERATION REQUEST  
☐ UNTIMELY

DATE: 9/18/2020

DOCKET #: 2020-765

Ashley Wimberley, Director  
Disclosure Division

W

## FILER INFORMATION

Name: Mark Joseph Roy, III  
Address: 640 St. Charles Street, Thibodaux, LA 70301  
Office/Position: Louisiana State Board of Optometry Examiners  
Dates of Service: 2009-2019  
Number of Disclosures and/or Amendments Filed with Agency: 11

## REPORT INFORMATION

Name of Report: Tier 2.1 Annual Personal Financial Disclosure covering calendar year 2018  
Report ID: PFD20008075  
Original Due Date: 5/15/2019  
NOD Received: 1/22/2020 - Signed by: Heather Parro  
PFD/Answer Due Date based on NOD: 1/31/2020  
PFD/Answer Filed: 7/22/2020

## LATE FEE INFORMATION

Amount of Late Fee: \$1500  
Days late from receipt of NOD: 173  
Total days late from initial due date: 434  
Late Fee Order Received: 8/27/2020  
Payment/Waiver Request Due Date: 9/16/2020  
Waiver Request Received: 9/8/2020

## COMMENTS:

Mark Roy stated that he missed the 2018 filing deadline and is seeking a waiver for failing to file his 2018 PFD timely.

Mr. Roy is requesting the waiver of this late fee due to the unprecedented events required to respond to the Covid 19 Pandemic. As the acting President of the Louisiana State Board of Optometry Examiners, he has been working in coordination with Louisiana Department of Health and Hospitals since early January, 2020 to protect the patients and general population of Louisiana. His board responsibilities took precedence over his private practice and family responsibilities as he is core member of the boards leadership team.

This is the end of Mr. Roy's second, 5-year term on this voluntary board; He stated that he has been in full compliance of filing requirements until this oversight. Mr. Roy respectfully request that the Ethics Board consider his many years of compliance and diligence as a board member and grant his request by waiving the assessed late fee.

Mr. Roy has filed his 2018 PFD and it has been deemed complaint. This is Mr. Roy's first late fee.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

09/08/2020 07:32 T-06:00 TO: +12253817271 FROM: 9854469542

September 8, 2020

Louisiana Board of Ethics  
P. O. Box 4368  
Baton Rouge, Louisiana 70821

RE: Tier 2.1 Annual Personal Financial Disclosure Statement for calendar year 2018  
Louisiana State Board of Optometry Examiners  
Late Fee Assessment – Report: PFD20008075

To the Louisiana Board of Ethics Committee:

I am in receipt of the above mentioned document regarding the delinquency of my 2018 calendar year filing. Though it is clear that I did indeed miss the filing deadline, I am requesting a waiver of this late fee due to the unprecedented events required to respond to the Covid 19 Pandemic.

As the acting President of the Louisiana State Board of Optometry Examiners, I have been working in coordination with Louisiana Department of Health and Hospitals since early January, 2020 to protect the patients and general population of Louisiana. My Board responsibilities took precedence over my private practice and family responsibilities as the core membership of our leadership team communicated daily, weekly and monthly to determine the best course of action during the initial critical periods of the Pandemic.

This is the end of my 2<sup>nd</sup> five-year term of this voluntary board, and I have remained in full compliance of my requirements until this oversight. I respectfully request that the Committee consider my many years of compliance and diligence in performing the duties of my Board position and grant my request for Waiver of Late Fee.

Sincerely,



Mark J Roy III

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Mark Joseph Roy, III  
640 S. Charles Street  
Thibodaux, LA 70301



8272



9590 9402 5302 9154 0664 27

**2. Article Number (Transfer from service label)**

7018 2290 0000 6624 8272

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Heather Parro

**B. Received by (Printed Name)**

Heather Parro

**C.**

1-22-20

- D. Is delivery address different from item 1? ☐ Yes**  
If YES, enter delivery address below: ☐ No

ETHICS BOARD REC'D  
JAN 20 10:16 AM '16

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            | <input type="checkbox"/> Return Receipt                             |

Restricted Delivery  
PP 1/17/20